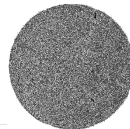




Middlesex Recreation Department

1200 Mountain Ave., Middlesex, NJ 08846 • (732) 356-7400 X7 • recreation@middlesexboro-nj.gov

BUDDY BALL



Buddy Ball is designed for disabled athletes to play a game/sport with the assistance a peer aged “Buddy”. Coaches will oversee the teams and provide guidance to the activity. T-shirts and equipment will be provided. This program is designed for all to have fun in a stress free environment. The registration fee is \$5 per activity.

BASEBALL: Saturdays: September 24, October 1, 8, 15, 2016 from 10AM-11AM @ Mt. View Park Softball Field. A glove is required. A shirt and hat will be provided.

BASKETBALL: Thursdays and Saturdays: January 14, 19, 28, February 2, 2017. Thursdays 6PM-7PM and Saturdays 11AM-Noon in the Mauger Old Gym. A shirt will be provided.

SOCCER: Thursdays and Saturdays: April 8, 13, 29, May 4, 2017. Saturdays 10AM-11AM & Thursdays 6:30PM-7:30PM at Mt. View Park Multi-Purpose Field (behind the pool). A shirt will be provided.

CHEERLEADING: Tuesday practices from 6:30pm-7:30 in the Hazelwood Gym beginning on 9/20/16. Cheerleaders will also cheer/perform at the baseball, basketball, and soccer games mentioned above. Uniforms and pom poms provided.

BUDDIES: Must be at least 14 years old when the program begins, have knowledge of and experience in the activity, good communication skills and have worked with children.

-----✂-----✂-----Please fill out bottom portion and return it w/ payment to the Rec. Dept.-----✂-----✂-----

PLEASE PRINT CLEARLY IN PEN. CHECK ALL ACTIVITIES THAT APPLY: BUDDY BALL 2016-2017

_____ BASEBALL _____ BASKETBALL _____ SOCCER _____ CHEER

Name _____ Circle: PARTICIPANT BUDDY

Age _____ Grade _____ DOB ____/____/____ Phone # _____

Address/City/State/ Zip _____

Parent(s) Name _____ Cell # _____

Parent(s) Name _____ Cell # _____

Can you volunteer to coach? _____ YES _____ NO If YES Please circle the parent name above.

Contact Email _____

Emergency Contact *other than parent(s)*

Name _____ Relation _____ Phone _____ H / W / C

Medical conditions, allergies, etc. use back if necessary _____

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence. I confirm that my child is up to date on all immunizations as required by the NJ Dept. of Health & Senior Services Annual Immunizations Report. I also agree that all the information provided is correct and factual. If information is found to be false, I understand that my child will be expelled from the program without reimbursement of fees paid.

DO NOT WRITE IN BOX - For Office Use Only

Receipt # _____

RCV'D _____

Parent/Guardian Signature

Date